

APPLICATION FOR AWARD OF POST RECORDS SUPERVISOR CERTIFICATE		State of California COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING 1601 Alhambra Boulevard Sacramento, California 95816-7083		Department of Justice FOR POST USE ONLY APPLICATION NUMBER	
1. NAME (Last First Middle)		2. DATE OF BIRTH		3. SEX	
				4. RACE	
5. NAME OF LAW ENFORCEMENT AGENCY WHERE PRESENTLY SERVING AS A RECORDS SUPERVISOR AS DESCRIBED IN COMMISSION REGULATION 1001(y)				6. SOCIAL SECURITY NO.	
7. PRESENT POSITION/TITLE				8. DATE APPOINTED AS A RECORDS SUPERVISOR WITH PRESENT AGENCY	
9. PUBLIC RECORDS ACT COURSE ATTENDED				10. COURSE LENGTH - HOURS	
				11. DATE ENDED	
12. RECORDS SUPERVISOR COURSE ATTENDED				13. COURSE LENGTH - HOURS	
				14. DATE ENDED	
15. REQUIRED NOTICE OF APPOINTMENT/TERMINATION FORM 2-114 (Rev.12/97) FILED WITH POST					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
ALL TRAINING MUST BE SUPPORTED BY A COPY OF THE CERTIFICATE OF COMPLETION OF TRAINING DO NOT SEND ORIGINAL DOCUMENTS. SEND REPRODUCED COPIES AS THESE ITEMS WILL NOT BE RETURNED.					
For information about the application, call:					
16. _____		()		_____	
NAME (type/print)		PHONE NUMBER			
I attest that all of the information contained in this application is true and correct.					
17. _____		_____			
SIGNATURE OF APPLICANT		DATE			
I recommend that the certificate be awarded. I attest that the applicant is a full-time records supervisor and has:					
1. graduated high school or passed the General Education Development Test (GED),					
2. completed a probationary period established by this agency,					
3. successfully completed a minimum of two years' service with this agency as a records supervisor, and					
4. successfully completed the training requirement set forth in Commission Regulation 1005(k).					
This applicant, in my opinion, is worthy of the award. My opinion is based upon personal knowledge or inquiry. The personnel records of this agency substantiate my recommendation.					
18. _____		_____			
SIGNATURE OF DEPARTMENT HEAD		DATE			
_____ TYPE/PRINT DEPARTMENT HEAD'S NAME AND TITLE					
FOR POST USE ONLY					
TRAINING INSTITUTION		CERTIFICATE NUMBER		DATE ISSUED	
		RS-			
APPLICATION EVALUATED BY		EVALUATION REVIEWED BY			
COMMENTS					

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION FOR AWARD OF POST RECORDS SUPERVISOR CERTIFICATE

Instructions for Completing the Form:

1. **NAME:** Enter the applicant's last name, first name, and middle name or initial. For common names (e.g., John Brown, Mary Jones), provide the middle name.
2. **DATE OF BIRTH:** Enter the applicant's date of birth (month, day, year) in numerical form (e.g., 2-4-60).
3. **SEX:** Enter M (male) or F (female).
4. **RACE:** Enter the applicant's race or ethnic background; ~~abbreviations~~ may be used. This information will be used by POST for statistical purposes only.
5. **NAME OF LAW ENFORCEMENT AGENCY WHERE PRESENTLY SERVING AS A RECORDS SUPERVISOR AS DESCRIBED IN COMMISSION REGULATION 1001(y):** Enter complete name of agency.
6. **SOCIAL SECURITY NUMBER:** The applicant's social security number must be entered. The social security number is used by POST as the primary identifier for individuals about whom records are maintained by POST. (GC 13503)
7. **PRESENT POSITION/TITLE:** Enter the applicant's present position or title (e.g., records supervisor).
8. **DATE APPOINTED AS A RECORDS SUPERVISOR WITH PRESENT AGENCY:** Enter the month, day and year of actual appointment.
9. **PUBLIC RECORDS ACT COURSE ATTENDED:** Enter the name of the agency/institution presenting the course.
10. **COURSE LENGTH - HOURS:** Enter the length of the course in hours.
11. **DATE ENDED:** Enter the date the course ended.
12. **RECORDS SUPERVISOR COURSE ATTENDED:** Enter the name of the agency/institution presenting the course.
13. **COURSE LENGTH - HOURS:** Enter the length of the course in hours.
14. **DATE ENDED:** Enter the date the course ended.
15. **REQUIRED NOTICE OF APPOINTMENT/TERMINATION FORM 2-114 FILED WITH POST:** Commission Regulation 1003 states that eligibility to receive the Records Supervisor Certificate requires that the Notice of Appointment/Termination Form (2-114) shall be submitted whenever a person is appointed, promoted, reclassified, or transferred to a records supervisor position, or whenever a certificated records supervisor is terminated from a records supervisor position. Indicate "yes" or "no" whether this form has been submitted to POST for the applicant.
16. **TYPE/PRINT NAME OF CONTACT PERSON AND PHONE NO.:** TYPE/PRINT the name, area code and telephone number of the person POST should contact regarding information submitted on or with this form.
17. **SIGNATURE OF APPLICANT:** The certificate application form is not complete unless this attestation is signed by the applicant. Enter the month, day and year the application form is signed by the applicant.
18. **SIGNATURE OF DEPARTMENT HEAD:** The certificate application form is not complete unless this attestation is signed and dated by the department head of the local law enforcement agency where the applicant is presently serving as a records supervisor.

PLEASE PRINT OR TYPE